

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 515817

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: NEWBERN ENTERPRISES, INC.

## Current Principal Place of Business:

1800 S HUNTINGTON LN  
ROCKLEDGE, FL 32955 US

## New Principal Place of Business:

## Current Mailing Address:

1800 S HUNTINGTON LN  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

FEI Number: 59-1692844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWBERN, THOMAS L.  
1800 S. HUNTINGTON LN  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

BOYD, HOPE  
1800 S. HUNTINGTON LN  
ROCKLEDGE, FL 32955 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOPE NEWBERN BOYD

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NEWBERN, THOMAS L.,  
Address: 1789 ROCKLEDGE DR  
City-St-Zip: ROCKLEDGE, FL

Title: STD ( ) Delete  
Name: NEWBERN, MARGUERITE, C.  
Address: 1789 ROCKLEDGE DR  
City-St-Zip: ROCKLEDGE, FL

Title: VP ( ) Delete  
Name: BOYD, HOPE N  
Address: 3575 JAMES RD  
City-St-Zip: COCOA, FL 32926

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOYD, HOPE NEWBERN,  
Address: 4857 MERLOT DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: NEWBERN, THOMAS L SR  
Address: 1789 ROCKLEDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Change (X) Addition  
Name: NEWBERN, THOMAS L JR  
Address: 4841 AVACADO DR  
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOPE NEWBERN BOYD

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date